

# R Bonomaully Stonesby Lodge

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Stonesby Lodge is a residential care home providing personal care to eight people living with mental health needs at the time of the inspection. The service can support up to 12 people and also accepted people who used the service for short stays. The service accommodates people in an adapted residential building.

### People's experience of using this service and what we found

People were safe from abuse and avoidable harm. There were effective safeguarding procedures in place, risks were assessed and managed appropriately and staff followed guidance. Staff knew how and who to report any concerns to. There were enough staff to support people safely. Staff were recruited safely. Accidents and incidents were recorded, and subsequent analysis took place to ensure that lessons were learnt. Systems and processes were in place to ensure people received their medicines safely and in the way that they wanted.

People's needs were assessed. Peoples' desired outcomes and wishes were recorded and included in care plans. Staff received training and demonstrated they had good knowledge and understanding of people's needs. Staff worked well with each other and communication between staff was good. People were supported to access the healthcare they needed and maintain their health and well being. Areas of the premises required further re-decoration to ensure these were consistently well maintained.

Staff understood the principles of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt well cared for by staff who listened to and respected them as individuals. People were involved in the development and review of their care plans to ensure the care provided met their desired outcomes. Staff supported people to achieve and maintain their independence.

Staff knew people well and were able to provide care that was responsive to people's needs. Care plans were in the process of being updated and developed to ensure these provided the detailed information and guidance that reflected the personalised care provided. People knew how to make a complaint and would feel confident doing so. People had opportunity to meet with the registered manager or provider to discuss any concerns and visitors were welcomed to the service anytime.

Staff and people told us they were able to give their views on the service. Staff told us they felt supported. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 18 August 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Stonesby Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Stonesby Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with the provider, the registered manager and a senior care staff. We contacted a further two staff members by

telephone later the same day. We observed staff interactions and care and support provided in communal areas.

We reviewed a range of records. This included three people's care plans and records and a sample of medicine records. We looked at two staff files in relation to recruitment and supervision, staff training and other files relating to the management and monitoring of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection systems and procedures were not established or operated effectively to prevent the risk of abuse for people. This was a breach of regulation 13 (Safeguarding service users from abuse or improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had made appropriate safeguarding referrals where required and worked with outside agencies to ensure actions were taken to protect people from abuse. Actions included robust protocols, risk assessments and appropriate information sharing to keep people as safe as possible.
- People told us they felt safe using the service. One person told us, "I feel safe here. The security is excellent and there are always staff here. I have been advised how to keep myself safe, including what to do if there is a fire or we need to evacuate the building."
- Staff were trained in safeguarding and were able to describe potential signs and symptoms of abuse. They were confident to report safeguarding concerns to the registered manager and to external agencies if required.

Assessing risk, safety monitoring and management

- Risk assessments in people's care plans documented any risks that were present in their lives, and supported staff to work safely with people. This included assessments to understand people's health conditions including their mental health and behaviours, lifestyle choices, and what to do in the event of an emergency.
- Staff understood the measures they needed to take to reduce risks for people, whilst also respecting people's right to positive risk taking.
- The provider ensured health and safety checks were completed and actions taken where required to keep people safe. People had personal plans in place to support safe evacuation in the event of an emergency.
- Most people had fitted wardrobes in their rooms. A small number of people had freestanding wardrobes which had not been secured to walls. This is important to reduce the risk of this furniture falling on people. The registered manager told us they would ensure these were secured immediately following our inspection visit.

Staffing and recruitment

- The provider had ensured staff were safely recruited by undertaking pre-employment and identity checks.

These included a Disclosure and Barring Service check which helped to support safer recruitment decisions. The registered manager had ensured these checks were refreshed to ensure staff remained safe to work in the service.

- We received positive feedback about staffing levels and saw there were enough staff on duty to meet people's needs in a timely manner. Staff rotas showed that staffing was consistent.

#### Using medicines safely

- Medicines were stored, managed and administered safely.
- People were supported to take their medicines in line with their preferences. Staff enabled people to access healthcare professionals who undertook regular reviews of people's medicines to ensure these remained effective and necessary.
- Staff were trained to administer medicines and completed accurate records to confirm people had received their medicines as prescribed.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. All areas of the service were clean and free from odours.
- Staff had undertaken training in infection control and knew the importance of protecting people from the risk of infection.
- Staff followed good practice guidelines, including washing their hands and wearing personal protective equipment.

#### Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and monitored to check for trends and patterns and identify learning to share with staff. The registered manager monitored the care and support provided, to pick up on any required improvements, and took prompt actions as required.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before they came to the service.
- People's life history, wishes and preferences had been explored so people received care and support how they wished. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.
- Staff worked in partnership with other agencies, such as healthcare professionals, to provide care and support in line with current national guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to understand and respond to their needs.
- Staff completed training that the provider felt was mandatory to their roles in addition to training in specific needs, such as understanding mental health. One staff member told us, "Training is sufficient and is updated when needed. I have just completed some specific training which was good."
- All staff had been supported to enrol for the Care Certificate. This is a set of nationally recognised standards which support good practice and values within care and support services.
- Staff felt well supported in their roles. A staff member told us, "I have supervision. Both [registered manager] and [registered provider] are approachable. I like to know I am doing well in my job and they are satisfied with me."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to ensure they had sufficient amounts to eat and drink
- People were positive about the meals provided. We saw people were able to make their own drinks when they wished and encouraged to participate in meals. For example, people were encouraged to take their plates and cutlery through to the kitchen when they had finished.
- Staff had consulted with people to ensure meals reflected their tastes and preferences. This had resulted in a varied menu, which everyone was happy with.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare and staff ensured that appropriate, timely referrals to other agencies were made.
- Records showed the provider worked with a range of health and social care professionals to ensure

people's care was effective. This included regular reviews of people's medicines to ensure these were necessary and effective.

- One person told us, "I have routine appointments and a yearly review with my GP and mental health worker."

#### Adapting service, design, decoration to meet people's needs

- The premises were clean and fresh and some fixtures and fittings had been replaced, such as fire doors and windows. Some areas had been re-decorated, such as people's rooms and corridors. However, further work was required to ensure the environment was well maintained.
- For example, we found areas such as stair bannisters and some toilets and bathrooms were in need of re-decoration. A sofa in the communal lounge was ripped in several places, exposing internal stuffing.
- People were able to make use of an internal dedicated smoke room or a smoking shelter outside. However, other areas of the garden were neglected and overgrown. People felt the garden could be improved which would enable them to make more use of it. One person described it as a 'wilderness'.
- We discussed the garden and premises with the provider who told us they would ensure re-decoration works were arranged and the garden was improved to make it accessible for people.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's care plans included an assessment of their mental capacity and how they made decisions and choices about their care. People had signed to consent to their care and support.
- Staff had training in MCA and had a good understanding of the principles of MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, friendly and caring. Comments included, "I don't know what I would do without the staff. They help me in so many ways and spend time talking with me, " and "If you have any problems or issues, the staff are always there for you. Their hearts are in the right place. They respect me when I put my views across. We are well looked after."
- Staff knew people well and understood how they liked to receive their care. One staff member told us, "We know people inside out, it's like a big family. You don't stop caring about people just because you walk out the door [finish the shift]".
- Staff had training in equality as part of their induction and understood the importance of promoting equality in their role. This included respecting people's lifestyle choices.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were treated respectfully and were involved in decisions about their care. Care plans referenced the involvement of the person and had information regarding their communication needs.
- Care plans included details of people's life history, wishes and preferences. This knowledge was used by staff to ensure they provided care to meet people's needs, in the way they wished.
- People told us communication with the staff, registered manager and provider was good and they were able to express their views.
- Information about advocacy services was available on notice boards if people needed to access this.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's right to dignity and privacy. The provider had held discussions with people to enable them to understand what it meant to be respectful and these thoughts and views had been displayed as a reminder for people and staff.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. This included aspects of daily living around the service, managing their own money and going out into the local community independently.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred, they included information about the person's personal history, background, their current needs, their likes and dislikes.
- Care plans recorded what was important to people such as how to uphold their self-esteem, hobbies and relationships or people that were important to them. This supported staff to provide personalised care.
- People told us and records confirmed they were involved in the development and review of their care plans. These contained people's aims and objectives as to what they wanted from their care and support.
- The registered manager was in the process of developing all care plans onto a new format which supported further detailed care planning and monitoring to ensure people's needs were being met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's plans of care identified any communication needs they may have.
- At the time of the inspection the service was not supporting anyone who required information in a specific format. The registered manager was aware of their responsibilities to meet these needs where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue their hobbies and interests and be involved in their local community. One person told us, "There is plenty to do. Books to read, activities, church, walks. You can go out on your own shopping. We all get on really well here; company is what makes this home. We help each other and talk with each other, particularly if we are feeling low. We don't get lonely."
- People were involved in a range of activities within the local community. These included clubs at local libraries and groups within local places of worship. We saw people were able to go out independently with minimum reference to staff where they had been assessed as safe to do so.
- People were supported to maintain relationships and friendships with people who were important to them.

Improving care quality in response to complaints or concerns

- People told us they would speak to the registered manager, provider or to a member of staff if they had any concerns or complaints. A person said, "[Provider] asks for our opinion on how things are. We have a suggestion box which we can use as well."
- The provider regularly met with people to seek their feedback and views about the service. This helped to resolve any concerns at any early stage.
- No complaints were received since the last inspection.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life care. However, where appropriate, people had their wishes and needs documented in their care plans. These included specific requests and involvement of friends and relatives.
- The registered manager told us if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with health care professionals.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection systems were not followed to effectively monitor and assess the quality of the service in order to make improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance systems had been developed which monitored the quality of service being delivered and the running of the service, for example medicine audits.
- All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.
- The registered manager and the provider undertook regular internal audits, for example in housekeeping and recording. They also took on board feedback from external quality audits, from local commissioners, to ensure expected standards were achieved and maintained.
- The registered manager and staff were clear on their roles and responsibilities, both in meeting people's needs and being accountable to regulatory agencies.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All the people we spoke with shared positive views about how the service was managed. One person told us, "[Provider] comes in and talks with us, checks everything is okay. [Registered manager] helps us to help ourselves and each other. Anyone coming here would not be disappointed with it as a home."
- The culture of the service was transparent. Staff and the registered manager told us there was an 'open door' policy and encouraged people to approach the registered manager or provider at any time.
- Staff were committed to supporting people to achieve best possible outcomes. One staff member told us, "I enjoy my job. I get a lot of pleasure knowing I have helped people. It's a great place to work and a good staff team."
- The provider visited the service frequently and meetings were held to monitor the quality of the service and to ensure people's needs were being met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood the regulatory requirements that needed to be met to achieve compliance. For example, notifications that the registered manager was required to send to CQC by law had been completed. The provider had displayed their current CQC ratings.
- Where appropriate the provider ensured suitable information, for example about safeguarding matters was shared with relevant agencies. This ensured people's needs were met in line with best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service supported people to be part of the local community, have opportunity to be as independent as possible, and any disability not to be a barrier to this right.
- People were able to share their views through surveys, meetings, a suggestion box, or directly to staff, the registered manager or provider. Responses showed people were happy with their care and supported to achieve their outcomes.
- Staff meetings were held frequently, and staff told us they could air their views and opinions openly.
- Staff told us they felt valued as individuals because the registered manager recognised their individual needs and accommodated these as far as possible.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider worked closely with the local authority quality team to improve aspects of documentation. We saw evidence the programme of improvements was in progress and action plans were under completion.
- The provider kept up to date with best practice within mental health services and worked closely with health agencies to ensure people were able to access the care and treatment they needed in a timely way.
- The registered manager and staff had established links within the local community which enabled people to be part of their community whilst remaining as safe as possible.